

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location					
Nearest City/Place, State, Zip Code <u>CINCINNATI, OH</u>		Date of Accident <u>08 JAN 01</u>		Local Time (24 HOUR CLOCK) <u>0530</u>	Zone <u>EST</u>
Elevation At Accident Site _____ Feet MSL _____ Feet MSL					
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information					
Proximity To Airport					
1. <input type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile	
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles	
7. <input type="checkbox"/> Within 3 Miles		8. <input type="checkbox"/> Beyond 3 Miles			
Airport Name <u>N. KENTUCKY — CINCINNATI INT'L</u>		Airport Ident <u>KCVG</u>		Runway/Landing Surface Conditions:	
		1. <input type="checkbox"/> Direction:		3. <input type="checkbox"/> Width:	
		2. <input type="checkbox"/> Length:		4. <input type="checkbox"/> Surface:	
5. <input type="checkbox"/> Condition:					
Phase Of Operation:					
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise	
2. <input checked="" type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
7. <input type="checkbox"/> Approach		8. <input type="checkbox"/> Landing		9. <input type="checkbox"/> Hover/Maneuver	
10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL					
Aircraft Information					
Registration Mark <u>N556UP</u>		Aircraft Manufacturer <u>FAIRCHILD</u>		Aircraft Type/Model <u>SA227-AT</u>	
Serial Number <u>AT-556</u>		Cert Max Gross WT <u>14,500</u>			
Type Of Aircraft		Type Of Airworthiness Certificate			Amateur Built
1. <input checked="" type="checkbox"/> Airplane		5. <input type="checkbox"/> Blimp/Dirigible			1. <input type="checkbox"/> Yes
2. <input type="checkbox"/> Helicopter		6. <input type="checkbox"/> Ultralight			2. <input checked="" type="checkbox"/> No
3. <input type="checkbox"/> Glider		7. <input type="checkbox"/> Gyroplane			
4. <input type="checkbox"/> Balloon		8. <input type="checkbox"/> Specify _____			
Landing Gear		4. <input type="checkbox"/> Tailwheel—Retractable			No. Of Seats
1. <input type="checkbox"/> Tricycle—Fixed		5. <input type="checkbox"/> Tailwheel—Retractable Mains			Flight/Cabin Crew <u>2</u>
2. <input checked="" type="checkbox"/> Tricycle—Retractable		6. <input type="checkbox"/> Amphibian			Pax <u>1</u>
3. <input type="checkbox"/> Tailwheel—Fixed		9. <input type="checkbox"/> Specify _____ <u>ACM</u>			
Stall Warning System Installed		IFR Equipped		Engine Type	
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Reciprocating—Carburetor	
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input type="checkbox"/> Reciprocating—Fuel Injected	
				3. <input checked="" type="checkbox"/> Turbo Prop	
				4. <input type="checkbox"/> Turbo Jet	
				5. <input type="checkbox"/> Turbo Fan	
				6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer <u>GARRETT</u>		Engine Model/Series <u>TAE-331-110-611G</u>		Engine Rated Power	
				1. <u>1000</u> Horsepower	
				2. _____ Lbs Thrust	
				Type Of Fire Extinguishing System Used	
				1. <u>None</u>	
				2. Specify _____	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	<u>UNK</u>	<u>P44449</u>	<u>11848</u> Hours	<u>123 / 52</u> Hours	<u>8342</u> Hours
Engine No. 2	<u>UNK</u>	<u>P44265</u>	<u>14820</u> Hours	<u>123 / 52</u> Hours	<u>7385</u> Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
Type Of Maintenance Program		Type Of Last Inspection		Date Last Inspection Performed	
1. <input type="checkbox"/> Annual		1. <input type="checkbox"/> Annual		1. <u>CHECK 11-7-2001 / RIVINE 12-12-01 (M/D/M)</u>	
2. <input type="checkbox"/> Manufacturer's Inspection Program		2. <input type="checkbox"/> 100 Hours		Time Since Last Inspection	
3. <input type="checkbox"/> Other Approved Inspection Program (AAIP)		3. <input checked="" type="checkbox"/> AAIP		<u>123 / 52</u> Hours	
4. <input type="checkbox"/> Continuous Airworthiness		4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time	
5. <input type="checkbox"/> Specify _____				<u>14650.4</u> Hours	
Emergency Locator Transmitter (ELT)		ELT Manufacturer		Model/Series	
Switch		Serial Number		Battery Date (M/D/M)	
1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input checked="" type="checkbox"/> Armed		Operated		Aided In Accident Location	
		1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	
Registered Aircraft Owner <u>AMERIFLIGHT, INC.</u>		Address <u>4700 EMPIRE AV., HANFORD 1</u> <u>BURBANK, CA 91505</u>			
Operator Of Aircraft		Address			
1. <input checked="" type="checkbox"/> Same As Registered Owner		1. <input checked="" type="checkbox"/> Same As Registered Owner			
2. Name		2. _____			
3. DBS:					

Owner / Operator Information (cont.)											
Operator (Certificate Number)			Operator Designator (4 Letter Designator)								
Purpose Of Flight And Type Of Operation											
Regulation Flight Conductor Under 1. <input type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137					Operator Authority FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign		FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____	
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning											
Pilot Information											
Pilot Name <u>JOHN R. YOON</u>			Pilot Certificate No. <u>[REDACTED]</u>		Address <u>L.A., CA 90005</u>			Nationality <u>USA</u>			
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											
Rating (s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input checked="" type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea			Instrument Rating (s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			Instructor Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____					
Type Ratings/Student Endorsements <u>CES00 SA227</u>			Date Of Biennial Flight Review or Equivalent (M/D/Y) <u>24 JUL 01</u>			BFR Aircraft 1. Make <u>FAIRCHILD</u> 2. Model <u>METRO III</u>					
Medical Certificate 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input checked="" type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			Date Of Last Medical (M/D/Y) <u>10 AUG 01</u>		Limitations <u>NONE</u> Waivers _____			Date Of Birth (M/D/Y) <u>[REDACTED]</u>			
Degree Of Injury 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input checked="" type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		Person At Controls At Time Of Accident 1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots			Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No				
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time		<u>6591</u>	<u>512</u>	<u>3629</u>	<u>2852</u>	<u>1697</u>	<u>1102 91</u>				
Pilot In Command (PIC)											
Instructor											
This Make & Model											
Last 90 Days		<u>278</u>	<u>278</u>		<u>278</u>	<u>240</u>					
Last 30 Days		<u>77</u>	<u>77</u>		<u>77</u>	<u>70</u>					
Last 24 Hours		<u>3</u>	<u>3</u>		<u>3</u>	<u>3</u>					
Second Pilot Information											
Second Pilot Responsibilities At The Time Of Accident											
1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)											
Pilot Name			Pilot Certificate No.		Address			Nationality			
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											

10 11 12

Second Pilot Information (cont.)															
Rating (s)				Instrument Rating (s)				Instructor Rating (s)							
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea				6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane				1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter				1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider			
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)				BFR Aircraft 1. Make _____ 2. Model _____							
Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3				Date Of Last Medical (M/D/Y)				Limitations Waivers _____				Date Of Birth (M/D/Y)			
Degree Of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal				Seat Occupied 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear				Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No							
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records		4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____							
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air					
Total Time															
Pilot In Command (PIC)															
Instructor															
This Make & Model															
Last 90 Days															
Last 30 Days															
Last 24 Hours															
Other Personnel															
Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None				
1.															
2.															
3.															
4.															
5.															
6.															
Flight Itinerary Information															
Last Departure Point			Time Of Departure		Destination		Flight Plan Filed								
1. Airport ID <u>KCVG</u>			1. Time <u>TAXIING 0530</u>		1. Airport ID <u>KBMH</u>		1. <input type="checkbox"/> None								
2. City/Place <u>CINCINNATI</u>					2. City/Place <u>BIRMINGHAM</u>		2. <input type="checkbox"/> VFR								
3. State <u>OH</u>			2. Time Zone <u>EST</u>		3. State <u>AL</u>		3. <input checked="" type="checkbox"/> IFR								
							4. <input type="checkbox"/> VFR/IFR								
							5. <input type="checkbox"/> Company (VFR)								
							6. <input type="checkbox"/> Military (VFR)								
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished															
<u>CLEAR 10 MI VIS</u>															
Fuel On Board At Last Takeoff				Fuel Type											
_____ Gallons				1. <input type="checkbox"/> 80/87											
_____ or				2. <input type="checkbox"/> 100 Low Lead											
<u>2100</u> Pounds				3. <input type="checkbox"/> 100/130											
				4. <input type="checkbox"/> 115/145											
				5. <input checked="" type="checkbox"/> JET A											
				6. <input type="checkbox"/> Automotive											
				7. Specify _____											
Other Services, If Any, Prior to Departure															
Weather Information At The Accident Site															
Source Of Weather Information (Pilot/Operator, Weather Observation)			Light Condition				Visibility		Temp (°F)						
<u>COMPUTER</u>			1. <input type="checkbox"/> Dawn 2. <input type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input checked="" type="checkbox"/> Dark Night				<u>10</u> Miles		<u>5</u>						

Weather Information At The Accident Site (cont.)					
Dew Point ? (°F)	Altimeter Setting ?" "Hg	Sky/Lowest Cloud Condition 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured			
Wind Information 1. Direction _____ 2. Velocity _____ Kts 3. Gusts _____ Kts		Restriction To Visibility	Type Precipitation	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____	
Turbulence (Multiple Entry) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clean Air 7. <input type="checkbox"/> In Clouds					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input checked="" type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed				Fire 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> In-Flight 4. <input checked="" type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property Ground equipment drove into aircraft. Damage to nose in pressure bulkhead area, #1 eng prop, #1 nacelle, and leading of left wing outboard of nacelle. Damage to tug unknown. Substantial damage to baggage cart.					
Mechanical Malfunction Failure					
1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure			Total Time <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">On Part ____ Hours</div> <div style="text-align: center;">At Overhaul ____ Hours</div> </div>		
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark (TUG AND BAGGAGE CART)	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input checked="" type="checkbox"/> Substantial 4. <input type="checkbox"/> None		
Registered Aircraft Owner DETH AIR LINES		Address TUG # 170137 CART # 82178			
Pilot Name DRIVER HUGH WALTERS		Address		Pilot Certificate No.	
Evacuation Of Aircraft					
Assistance Received 1. <input type="checkbox"/> Outside Person (s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify _____					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following) 1. Main Door <input checked="" type="checkbox"/> 2. Auxiliary Door _____ 3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry) Ground equipment operator be vigilant for taxiing aircraft and yield right-of-way as required.					

Additional Flight Crew Members			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
Certificate(s) <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign 8. Specify _____ </div> </div>			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
Certificate(s) <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign 8. Specify _____ </div> </div>			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
Certificate(s) <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign 8. Specify _____ </div> </div>			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

At approximately 0530 EST 08Jan02, Fairchild SA-227-AT N556UP operating as AMF 667 (an FAR 135 cargo flight for DHL) was taxiing for takeoff from the DHL ramp area at KCVG. The airplane, flown by Capt. John Yoon, had been cleared by KCVG Ground Control and the airline ramp control tower. It was reported that AMF 667's navigation and anticollision beacon lights were seen to be "on" by a following company aircraft as they left the DHL ramp.

Between Spot 2C and Spot 3 on the terminal ramp area, a Delta Airlines tug towing a baggage cart, driven by their employee Hugh Walters, crossed from left to right in front of AMF 667. The tug collided with the left side of the airplane's nose in the vicinity of the forward pressure bulkhead and nose gear main trunnion, tearing a large hole in the skin and causing internal structural damage, and throwing the captain (the sole occupant of the airplane) against the left windshield frame (slightly injuring him). The tug and cart then apparently bounced backward, jack-knifing the cart, which was pushed through the #1 engine prop arc, severely bending all four prop blades and displacing the engine and nacelle upward. The cart continued back to collide with the leading edge of the left wing outboard of the nacelle, tearing-crushing a large hole the leading edge skin and causing a minor fuel leak.

The passenger-side window was broken out of the tug and it had other damage. The "roof" of the cart was collapsed, it had other damage, and had been thrown on its side.

Airport police, crash crew, and paramedics responded to the scene. The tug driver was apparently not injured. Capt. Yoon suffered a minor scrape on his face. Both Walters and Yoon apparently declined treatment by the paramedics.

The cargo was released at 0400 PST by Steve Demko, NTSB by telephone to the undersigned, so it could be transloaded to another airplane and continue to its destination.

The aircraft was towed to the Ameriflight hangar on the field.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

09 JAN 02

Signature Of Pilot/Operator

[Signature]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

VP-MAINTENANCE / DIR OF OPS - AMERIFLIGHT

For NTSB Use Only

NTSB Accident No.

NYC02LA0047

Reviewed By NTSB Office Located At

Providence, RI

Name Of Investigator

[Signature]

Date Report Received

1/9/02